## Supplemental

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Substitute for form 1449/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT  (Use as many sheets as necessary)				e required to respond to a collection of information unless it contains a valid OMB control number.  Complete if Known				
				Application Number	10/579,902			
				Filing Date October 28, 2004		004		
				First Named Inventor Christopher A. Dyke				
				Art Unit	2103			
				Examiner Name	N/Y/A			
711	<b>-11</b> \ 1 1			Attorney Docket Number	11321-P079WOUS			
2008								
				ENT LITERATURE DOC				
initials*	Cite No. <sup>1</sup>		ook, magazine, joi	n CAPITAL LETTERS), title urnal, serial, symposium, cat ), publisher, city and/or coun	alog, etc.), date,	page(s), volume-issue	T <sup>2</sup>	
	DRESSELHAUS ET AL., "Science of Fullerenes and Carbon Nanotubes" Academic Press, San Diego, (1996)							
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Examiner Signature		1			Date Considered			

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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